MEPS HC-010B:
1996 DENTAL VISITS

Agency for Healthcare Research and Quality
Center for Cost and Financing Studies

Table of Contents

A. Data Use Agreement

Individual identifiers have been removed from the microdata contained in the files on this CD-ROM. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and/or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases, is prohibited by law.

Therefore in accordance with the above referenced Federal statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis.

2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director, Office of Management, AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity.

3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey.

By using these data you signify your agreement to comply with the above-stated statutorily based requirements, with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to $10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

B. Background

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS). The survey provides a new and extensive data set on the use of health services and health care in the United States.

MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research (AHCPR)) and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977. The National Medical Expenditure Survey (NMES-2) was conducted in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sampling frame for the MEPS HC is drawn, and continuous longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

1.0   Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC

collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

2.0   Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians who:

- were identified by the household respondent as providing care for HC respondents receiving Medicaid.

- were selected through a 75-percent sample of HC households receiving care through an HMO (health maintenance organization) or managed care plan.

- were selected through a 25-percent sample of the remaining HC households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9-CM (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).

- Physician procedure codes classified by CPT-4 (Common Procedure Terminology, Version 4).

- Inpatient stay codes classified by DRGs (diagnosis-related groups).

- Prescriptions coded by national drug code (NDC), medication name, strength, and quantity dispensed.

- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials. In some instances, providers sent medical and billing records which were abstracted into the survey instruments.

3.0   Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.

- A Bureau of the Census list frame of private-sector business establishments.

- The Census of Governments from Bureau of the Census.

- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone follow up for nonrespondents.

4.0   Nursing Home Component

The 1996 MEPS NHC was a survey of nursing homes and persons residing in or admitted to

nursing homes at any time during calendar year 1996. The NHC gathered information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medicines, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provided information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and care-giving services for sampled nursing home residents were obtained from next-of-kin or other knowledgeable persons in the community.

The 1996 MEPS NHC sample was selected using a two-stage stratified probability design. In the first stage, facilities were selected; in the second stage, facility residents were sampled, selecting both persons in residence on January 1, 1996, and those admitted during the period January 1 through December 31.

The sample frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data were collected in person in three rounds of data collection over a 1½-year period using the CAPI system. Community data were collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample consisted of 815 responding facilities, 3,209 residents in the facility on January 1, and 2,690 eligible residents admitted during 1996.

5.0   Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

Printed documents and CD-ROMs are available through the AHRQ Publications Clearinghouse. Write or call:

    AHRQ Publications Clearinghouse
    Attn: (publication number)
    P.O. Box 8547
    Silver Spring, MD 20907
    800/358-9295
    410/381-3150 (callers outside the United States only)
    888/586-6340 (toll-free TDD service; hearing impaired only)

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting. Selected electronic files are available from the Internet on the MEPS web site: <http://www.meps.ahrq.gov/>.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Healthcare Research and Quality.

C. Technical and Programming Information

1.0 General Information

This documentation describes one in a series of public use event files from the 1996 Medical Expenditure Panel Survey Household (HC) and Medical Provider Components(MPC) . Released as an ASCII data file and SAS transport file, this public use file provides detailed information on dental events for a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of dental event utilization and expenditures for calendar year 1996. Each record on this event file represents a unique dental event; that is, a dental event reported by the household respondent.

Data from this event file can be merged with other MEPS HC data files, for the purposes of appending person characteristics such as demographic or health insurance coverage to each dental event record.

Counts of dental event utilization are based entirely on household reports. Dental events were not included in the MPC, therefore all expenditure and payment data are reported by the household.

This file can be also used to construct summary variables of expenditures, sources of payment, and related aspects of the dental event. Aggregate annual person-level information on the use of dental events and other health services use is provided on public use file HC-011, where each record represents a MEPS sampled person.

The following documentation offers a brief overview of the types and levels of data provided, the content and structure of the files and the codebook, and programming information. It contains the following sections:

Data File Information
Sample Weights and Variance Estimation Variables
Merging MEPS Data Files
Programming Information
References
Codebook
Variable to Source Crosswalk

For more information on MEPS HC survey design see S. Cohen, 1997; J. Cohen, 1997; and S. Cohen, 1996.   For information on the MEPS MPC design, see S. Cohen, 1998. A copy of the survey instrument used to collect the information on this file is available on the MEPS web site at the following address: <http**://www.meps.ahrq.gov**>.

2.0   Data File Information

This public use data set consists of two event-level data files. File 1 contains characteristics associated with the dental event and imputed expenditure data. File 2 contains pre-imputed expenditure data from the Household Component for all dental events on File 1. Please see Section 2.5.4 for definitions of imputed, and pre-imputed expenditure variables.

Both Files 1 and 2 of this public use data set contain 22,165 dental event records. Of the 22,165, dental event records, 21,866 are associated with persons having a positive person-level weight (WTDPER96). This file includes dental event records for all household survey respondents who resided in eligible responding households and reported at least one dental event. Each record represents one household-reported dental event that occurred during calendar year 1996. Dental visits known to have occurred after December 31, 1996 are not included on this file. Some household respondents may have multiple dental events and thus will be represented in multiple records on this file. Other household respondents may have reported no dental events and thus will have no records on this file. These data were collected during rounds 1, 2, and 3 of the MEPS HC. The persons represented on this file had to meet either (a) or (b) below:

> a) Be classified as a key in-scope person who responded for his or her entire period of 1996 eligibility (i.e., persons with a positive 1996 full-year person-level sampling weight (WTDPER96 > 0)), or

> b) Be classified as either an eligible non-key person or an eligible out-of-scope person who responded for his or her entire period of 1996 eligibility, and belonged to a family (i.e., all persons with the same value for a particular FAMID) in which all eligible family members responded for their entire period of 1996 eligibility, and at least one family member has a positive 1996 full-year person weight (i.e., eligible non-key or eligible out-of-scope persons who are members of a family all of whose members have a positive 1996 full-year MEPS family-level weight (WTFAM96 >0)).

> Please refer to Attachment 1 for definitions of key, non-key, inscope and eligible.

Each dental event record on this file includes the following: date of the dental event; type of provider seen, if visit was due to an accident; reason for dental event; condition(s) and procedure(s) associated with the dental event; whether or not medicines were prescribed; flat fee information, imputed sources of payment, total payment and total charge of the dental event expenditure, and a full-year person-level weight.

File 2 of this public use data set is intended for analysts who want to perform their own imputations to handle missing data. This file contains one set of pre-imputed expenditure information from the Household Component. Expenditure data have been subject to minimal logical editing that accounted for outliers, copayments or charges reported as total payments, and

reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. However, missing data were not imputed.

Data from these files can be merged with previously released 1996 MEPS HC person level data using the unique person identifier, DUPERSID, to append person characteristics such as demographic or health insurance characteristics to each record. Dental events can also be linked to the MEPS 1996 Medical Conditions File (HC-006) and MEPS 1996 Prescribed Medicine File (HC-010A). Please see File HC-010I: The Appendix File for details on how to link MEPS data files.

2.1 Codebook Structure

For each variable on these files, both weighted and unweighted frequencies are provided. The codebook and data file sequence list variables in the following order:

File 1
      Unique person identifiers
      Unique dental event identifiers
      Other survey administration variables
      Dental characteristics
      ICD-9 codes
      Clinical Classification Software codes
      Imputed expenditure variables
      Weight and variance estimation variables

File 2
      Unique person identifiers
      Unique dental event identifiers
      Pre-imputed expenditure variables

2.2 Reserved Codes

The following reserved code values are used:

VALUE	DEFINITION
-1 INAPPLICABLE	Question was not asked due to skip pattern.

-7 REFUSED	Question was asked and respondent refused to answer question.
-8 DK	Question was asked and respondent did not know answer.
-9 NOT ASCERTAINED	Interviewer did not record the data.

Generally, values of -1,-7, -8, and -9 have not been edited on this file. The values of -1 and -9 can be edited by analysts by following the skip patterns in the questionnaire.

2.3   Codebook Format

This codebook describes an ASCII data set (although the data are also being provided in a SAS transport file). The following codebook items are provided for each variable:

IDENTIFIER	DESCRIPTION
Name	Variable name (maximum of 8 characters)
Description	Variable descriptor (maximum of 40 characters)
Format	Number of bytes
Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

2.4   Variable Naming

In general, variable names reflect the content of the variable, with an 8 character limitation. For questions asked in a specific round, the end digit in the variable name reflects the round in which the question was asked. All imputed/edited variables end with an "X."

2.4.1 General

Variables contained on Files 1 and 2 were derived from the HC questionnaire. The source of each variable is identified in the Section E, entitled, "Variable to Source Crosswalk". Sources for each variable are indicated in one of four ways: (1) variables which are derived from CAPI or assigned in sampling are so indicated; (2) variables which come from one or more specific questions have those numbers and the questionnaire section indicated in the "Source" column; and (3) variables constructed from multiple questions using complex algorithms are labeled "Constructed" in the "Source" column; and (4) variables which have been imputed are so indicated.

2.4.2 Expenditure and Sources of Payment Variables

Pre-imputed and imputed versions of the expenditure and sources of payment variables are provided on 2 separate files. Variables on Files 1 and 2 follow a standard naming convention and are 8 characters in length. Please note that pre-imputed means that a series of logical edits have been performed on the variable but missing data remain. The imputed versions incorporate the same edits but also have undergone an imputation process to account for missing data.

The pre-imputed expenditure variables on File 2 end with an "H" indicating that the data source was the MEPS Household Component. All imputed variables on File 1 end with an "X"indicating they are fully edited and imputed.

The total sum of payments, 12 sources of payment variables, and total charge variables are named consistently in the following way:

The first two characters indicate the type of event:

IP - inpatient stay	OB - office-based visit
ER - emergency room visit	OP - outpatient visit
HH - home health visit	DV - dental visit
OM - other medical equipment	RX - prescribed medicine

In the case of the source of payment variables, the third and fourth characters indicate:

SF - self or family	OF - other Federal Government	XP - sum of payments
MR - Medicare	SL - State/local government	
MD - Medicaid	WC - Worker's Compensation	
PV - private insurance	OT - other insurance	
VA - Veterans	OR - other private	
CH - CHAMPUS/CHAMPVA	OU - other public	

The fifth and sixth characters indicate the year (96). The last character of all imputed/edited variables is an " X".

For example, DVSF96X is the edited/imputed amount paid by self or family for the 1996 dental expenditure.

## 2.5	File 1 Contents

## 2.5.1	Survey Administration Variables

## 2.5.1.1	Person Identifiers (DUID - DUPERSID)

The dwelling unit ID (DUID) is a 5-digit random number assigned after the case was sampled for MEPS. The 3-digit person number (PID) uniquely identifies each person within the dwelling unit. The 8-character variable DUPERSID uniquely identifies each person represented on the file and is the combination of the variables DUID and PID. For detailed information on dwelling units and families, please refer to the documentation on public use file HC-008.

## 2.5.1.2	Record Identifiers (EVNTID, FFID11X, EVENTRN)

EVNTID uniquely identifies each event (i.e., each record on the file) and is the variable required to link events to data files containing details on conditions and/or prescribed medicines (HC-006 and HC-010A, respectively). For details on linking see Section 5.0.

FFID11X uniquely identifies a flat fee group, that is, all events that were part of a flat fee payment situation. For example, a charge for orthodontia is typically covered in a flat fee arrangement where all visits are covered under one flat fee dollar amount. These events have the same value for FFID11X. FFID11X identifies a flat fee payment situation that was identified using information from the Household Component. Please note that FFID11X should be used to link up all MEPS event files (excluding prescribed medicines) in order to determine the full set of events that are part of a flat fee group.

EVENTRN indicates the round in which the dental event was first reported.

## 2.5.2	Characteristics of Dental Events

## 2.5.2.1	Date of Dental Visit (DVDATEYR - DVDATEDD)

File 1 contains variables describing dental events reported by household respondents in the Dental Section of the MEPS HC questionnaire. There are three variables which indicate the day, month and year a dental event occurred (DVDATEDD, DVBEGMM, DVDATEYR, respectively). These variables have not been edited or imputed.

2.5.2.2 Type of Provider Seen (GENDENT - DENTYPE)

Respondents were asked about the type of provider seen during the visit, e.g. general dentist, dental hygienist, or orthodontist. More than one type of provider may have been identified on an event record.

2.5.2.3 Treatment, Procedures, and Services (EXAMINEX - DENTMED)

Respondents were asked about the types of services or treatments they received during the visit (EXAMINEX - TMDTMJ), such as root canal or x-rays, and whether or not the visit was because of an accident (DENTINJ). More than one type of service or treatment may have been identified on an event record. Some procedures or services identified in DENTOTHR as "Dental services other specify" have been edited to appropriate procedure and service categories. Both the edited and unedited versions of these variables are included on this file. DENTMED indicates whether or not the respondent received a prescription medication, including free samples, during the dental visit.

2.5.2.4 ICD-9 Condition (DVICD1X, DVICD2X) and Procedure Codes (DVPRO1X, DVPRO2X) and Clinical Classification Codes (DVCCC1X, DVCCC2X)

Information on household reported medical conditions, procedures, and clinical classification codes associated with each dental event are provided on this file. There are up to two condition codes (DVICD1X, DVICD2X), procedure codes(DVPRO1X, DVPRO2X), and clinical classification codes (DVCCC1X, DVCCC2X) listed for each dental event. This represents 100% of the conditions, procedures, and clinical classification codes that can be linked to the current file from the 1996 Medical Condition File (HC-006). Not all dental records on this file are associated with a medical condition or procedure. Only 492 records (approximately 2.2%) can be linked to the Medical Condition Public Use File (HC-006).

The medical conditions and procedures reported by the household respondent were recorded by the interviewer as verbatim text, which were then coded to fully-specified 1996 ICD-9-CM codes, including medical condition and V codes (see Health Care Financing Administration, 1980), by professional coders. For details regarding the coding and editing procedures used for ICD-9 condition and procedure codes, and clinical classification codes see HC-006 (1996 Medical Conditons) documentation. Weighted and unweighted frequencies for DVCCC1X-DVCCC2X are provided in the Appendix File.

2.5.2.5 Record Count Variable (NUMCOND)

The variable NUMCOND indicates the total number of records on the condition file that can be linked from HC-006: Medical Conditions File to each dental event. For events with no condition records linked (NUMCOND=0), the condition, procedure, and clinical classification code variables all have a value of -1 INAPPLICABLE. Similarly, for events without a linked second condition, procedure record, the corresponding second condition and clinical classification code variable was set to -1 INAPPLICABLE.

2.5.3   Flat Fee Variables

2.5.3.1 Definition of Flat Fee Payments

A flat fee is the fixed dollar amount a person is charged for a package of services provided during a defined period of time. Examples would be an orthodontist's fee which covers multiple visits; or a dental surgeon's fee covering surgical procedure and post-surgical care. A flat fee group is the set of medical events (that can vary by type of event) that are covered under the same flat fee payment situation. The flat fee groups represented on this file (and all of the other 1996 MEPS event files), include flat fee groups where at least one of the health care events, as reported by the HC respondent, occurred during 1996. By definition a flat fee group can span multiple years and/or event types (e.g., hospital stay, physician office visit), and a single person can have multiple flat fee groups.

2.5.3.2 Flat Fee Variable Descriptions

There are several variables on this file that describe a flat fee payment situation and the number of medical events that are part of a flat fee group. As noted previously, for a person, the variable FFID11X can be used to identify all events, that are part of the same flat fee group. To identify such events, FFID11X should be used to link events from all MEPS event files (excluding prsescribed medicines): HC-010B through HC-010H. For the dental events that are not part of a flat fee payment situation, the flat fee variables described below are all set to inapplicable (-1).

Flat Fee Type (FFDVTYPX)

FFDVTYPX indicates whether the 1996 dental event is the "stem" or "leaf" of a flat fee group. A stem (records with FFDVTYPX = 1) is the initial medical service (event) which is followed by other medical events that are covered under the same flat fee payment. The leaf of the flat fee group (records with FFDVTYPX = 2) are those medical events that are tied back to the initial medical event (the stem) in the flat fee group.

Total Number of 1996 Events in Group (FFTOT96)

If a dental event is part of a flat fee group, the variable FFTOT96 counts the total number of all known events, that occurred during 1996 you are covered under a single flat fee payment situation.

Counts of Flat Fee Events that Cross Years (FFBEF96 – FFTOT97)

As described above, a flat fee payment situation covers multiple events and the multiple events could span multiple years. For situations where a 1996 dental visit is part of a group of events, and some of the events occurred before or after 1996, counts of the known events are provided on the dental record. Indicator variables are provided if some of the events occurred after 1996. These variables are:

> FFBEF96 -- total number of pre-1996 events in the same flat fee group as the 1996 dental event. This count would not include 1996 dental events.

> FFDV97 – indicates whether or not there are 1997 dental events in the same flat fee group as the1996 dental event record.

> FFTOT97 -- indicates whether or not there are 1997 medical events in the same flat fee group as the 1996 dental event record.

2.5.3.3 Caveats of Flat Fee Groups

The user should note that flat fee payment situations are common with respect to dental events. There are 4,346 dental events that are identified as being part of a flat fee payment group. This yields 1,138 flat fee payment groups. In order to correctly identify all events that are part of a flat fee group, the user should link all MEPS event files (excluding the prescribed medicines file) using the variable FFID11X.

In general, every flat fee group should have an initial visit (stem) and at least one subsequent visit (leaf). There are some situations where this is not true. For some of these flat fee groups, the initial visit reported occurred in 1996 but the remaining visits that were part of this flat fee group occurred in 1997. In this case, the 1996 flat fee group represented on this file would consist of one event (the stem). The 1997 events that are part of this flat fee group are not represented on the file. Similarly, the household respondent may have reported a flat fee group where the initial visit began in 1995 but subsequent visits occurred during 1996. In this case, the initial visit would not be represented on the file. This 1996 flat fee group would then only consist of one or more leaf records and no stem. Another reason for which a flat fee group would not have a stem and a leaf record is that the stems or leaves could have been reported as different event types. In a small number of cases, there are flat fee bundles that span various event types. The stem may have been reported as one event type and the leaves may have been reported as another event type. In order

to determine this, the analyst must link all event files (excluding the prescribed medicines files) using the variable FFID11X to create the flat fee group.

2.5.4   Expenditure Data

2.5.4.1 Definition of Expenditures

Expenditures on this file refer to what is paid for dental services. More specifically, expenditures in MEPS are defined as the sum of payments for care received, including out of pocket payments and payments made by private insurance, Medicaid, Medicare and other sources. The definition of expenditures used in MEPS differs slightly from its predecessors: the 1987 NMES and 1977 NMCES surveys where "charges" rather than sum of payments were used to measure expenditures. This change was adopted because charges became a less appropriate proxy for medical expenditures during the 1990's due to the increasingly common practice of discounting. Although measuring expenditures as the sum of payments incorporates discounts in the MEPS expenditure estimates, the estimates do not incorporate any payment not directly tied to specific medical care visits, such as bonuses or retrospective payments adjustments paid by third party payers. Another general change from the two prior surveys is that charges associated with uncollected liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not counted as expenditures because there are no payments associated with those classifications. For details on expenditure definitions, please reference the following, "Informing American Health Care (Monheit et al, 1999)."

2.5.4.2 Data Editing/Imputation Methodologies of Expenditure Variables

The general methodology used for editing and imputing expenditure data is described below. Neither the dental events nor other medical expenditures (such as glasses, contact lenses, and hearing devices) were included in the Medical Provider Component. Therefore, although the general procedures remain the same, for dental and other medical expenditures, editing and imputation methodologies were applied only to household-reported data. Specific methodologies for editing and imputing dental expenditures follows the General Imputation Methodology section.

2.5.4.3 General Imputation Methodology

Logical edits were used to resolve internal inconsistencies and other problems in the HC and MPC survey-reported data. The edits were designed to preserve partial payment data from households and providers, and to identify actual and potential sources of payment for each household-reported event.   In general, these edits accounted for outliers, copayments or charges reported as total payments, and reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. These edits produced a

complete vector of expenditures for some events, and provided the starting point for imputing missing expenditures in the remaining events.

A weighted sequential hot-deck procedure was used to impute for missing expenditures as well as total charge. The procedure uses survey data from respondents to replace missing, while taking into account the respondents' weighted distribution in the imputation process. Classification variables vary by event type in the hot-deck imputations, but total charge and insurance coverage are key variables in all of the imputations. Separate imputations were performed for nine categories of medical provider care: inpatient hospital stays, outpatient hospital department visits, emergency room visits, visits to physicians, visits to non-physician providers, dental services, home health care by certified providers, home health care by paid independents, and other medical expenses. After the imputations were finished, visits to physician and non-physician providers were combined into a single medical provider file. The two categories of home care also were combined into a single home health file.

2.5.4.4 Dental Imputation

Expenditures on visits to dentists were developed in a sequence of logical edits and imputations. Household edits were applied to sources and amounts of payment for all events reported by HC respondents.

The household edits were used to correct obvious errors in the reporting of expenditures, and to identify actual and potential sources of payments. Some of the edits were global (i.e., applied to all events). Others were hierarchical and mutually exclusive. One of the more important edits separated flat fee events from simple events. This edit was necessary because groups of events covered by a flat fee (i.e., a flat fee bundle) were edited and imputed separately from individual events covered by a single charge (i.e., simple events). Dental services were imputed as flat fee events if the charges covered a package of health care services (e.g., orthodontia), and all of the services were part of the same event type (i.e., a pure bundle). If a bundle contained more than one type of event, the services were treated as simple events in the imputations (See Section 2.5.3 for more detail on the definition and imputation of events in flat fee bundles.)

Logical edits also were used to sort each event into a specific category for the imputations. Events with complete expenditures were flagged as potential donors for the hot-deck imputations, while events with missing expenditure data were assigned to various recipient categories. Each event was assigned to a recipient category based on its pattern of missing data. For example, an event with a known total charge but no expenditures information was assigned to one category, while an event with a known total charge and some expenditures information was assigned to a different category. Similarly, events without a known total charge were assigned to various recipient categories based on the amount of missing data.

The logical edits produced nine recipient categories for events with missing data. Eight of the categories were for events with a common pattern of missing data and a primary payer other than Medicaid. These events were imputed separately because persons on Medicaid rarely know the provider's charge for services or the amount paid by the state Medicaid program. As a result, the total charge for Medicaid-covered services was imputed and discounted to reflect the amount that a state program would pay for the care.

Separate hot-deck imputations were used to impute for missing data in each of the other eight recipient categories. The donor pool included "free events" because, in some instances, providers are not paid for their services. These events represent charity care, bad debt, provider failure to bill, and third party payer restrictions on reimbursement in certain circumstances. If free events were excluded from the donor pool, total expenditures would be over-counted because the cost of free care would be implicitly included in paid events and explicitly included in events that should have been treated as free from provider.

2.5.4.5 Flat Fee Expenditures

The approach used to count expenditures for flat fees was to place the expenditure on the first visit of the flat fee group. The remaining visits have zero payments. Thus, if the first visit in the flat fee group occurred prior to 1996, all of the events that occurred in 1996 will have zero payments. Conversely, if the first event in the flat fee group occurred at the end of 1996, the total expenditure for the entire flat fee group will be on that event, regardless of the number of events it covered after 1996.

2.5.4.6 Zero Expenditures

As noted above, there are some dental events reported by respondents where the payments were zero. This could occur for several reasons including (1) free care was provided, (2) bad debt was incurred, (3) care was covered under a flat fee arrangement beginning in an earlier year, or (4) follow-up visits were provided without a separate charge (e.g. after a surgical procedure). If all of the dental events for a person fell into one of these categories, then the total annual expenditures for that person would be zero.

2.5.4.7 Sources of Payment

In addition to total expenditures, variables are provided which itemize expenditures according to major source of payment categories. These categories are:

1. Out of pocket by user or family
2. Medicare

3. Medicaid
4. Private Insurance
5. Veteran's Administration, excluding CHAMPVA
6. CHAMPUS or CHAMPVA
7. Other Federal sources - includes Indian Health Service, Military Treatment Facilities, and other care by the Federal government
8. Other State and Local Source - includes community and neighborhood clinics, State and local health departments, and State programs other than Medicaid.
9. Worker's Compensation
10. Other Unclassified Sources - includes sources such as automobile, homeowner's, liability, and other miscellaneous or unknown sources.

Two additional source of payment variables were created to classify payments for particular persons that appear inconsistent due to differences between survey questions on health insurance coverage and sources of payment for medical events. These variables include:

11. Other Private - any type of private insurance payments reported for persons not reported to have any private health insurance coverage during the year as defined in MEPS; and

12. Other Public - Medicaid payments reported for persons who were not reported to be enrolled in the Medicaid program at any time during the year.

Though relatively small in magnitude, users should exercise caution when interpreting the expenditures associated with these two additional sources of payment. While these payments stem from apparent inconsistent responses to health insurance and source of payment questions in the survey, some of these inconsistencies may have logical explanations. For example, private insurance coverage in MEPS is defined as having a major medical plan covering hospital and physician services. If a MEPS sampled person did not have such coverage but had a single service type insurance plan (e.g. dental insurance) that paid for a particular episode of care, those payments may be classified as "other private". Some of the "other public" payments may stem from confusion between Medicaid and other state and local programs or may be from persons who were not enrolled in Medicaid, but were presumed eligible by a provider who ultimately received payments from the program.

Users should also note that the Other Public and Other private source of payment categories only exist on File 1 for imputed expenditure data since they were created through the editing/imputation process. File 2 reflects source of payment as it was collected through the survey.

2.5.4.9 Imputed Dental Expenditures (DVFS96X-DVOT96X, DVXP96X, DVTC96X)

Dental expenses include all expenses for direct dental care.

Dental expenditures were obtained only through the Household Component Survey. For cases with missing expenditure data, dental expenditures were imputed using the procedures described above. There are a number of expenditure variables provided on this file. DVFS96X - DVOT96X are the 12 sources of payment, DVTC96X is the total charge, and DVXP96X is the sum of the 12 sources of payments for the dental expenditure. The 12 sources of payment are: self/family, Medicare, Medicaid, private insurance, Veterans Administration, CHAMPUS/CHAMPVA, other federal, state/local governments, Workman's Compensation, other private insurance, other public insurance and other insurance.

2.5.4.10 Rounding

Expenditure variables on File 1 have been rounded to the nearest penny. Person level expenditure information released on HC-011 were rounded to the nearest dollar. It should be noted that using the MEPS event files HC-010A through HC-010H to create person level totals will yield slightly different totals than those found on HC-011. These differences are due to rounding only. Moreover, in some instances, the number of persons having expenditures on the event files (HC-010A - HC-010H) for a particular source of payment may differ from the number of persons with expenditures on the person level expenditure file (HC-011) for that source of payment. This difference is also an artifact of rounding only. Please see the Appendix File for details on such rounding differences.

2.5.4.11 Imputation Flags

The variables IMPDVSLF - IMPDVCHG identify records where the expenditures have been imputed using the methodologies outlined in this document. When a record was identified as being the leaf of a flat fee the values of all imputation flags were set to "0" (not imputed) since they were not included in the imputation process

2.6 File 2 Contents: Pre-imputed Expenditure Variables

Pre-imputed expenditure data are provided on this file. Pre-imputed means that only a series of logical edits were applied to the data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. Edits were also implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources as well as a number of other data inconsistencies that could be resolved through logical edits. This file contains no imputed data.

Included in File 2 is the variable HHSFFIDX, which is the original flat fee identifier that was derived during the household interview. This identifier should only be used if the analyst is interested in performing their own expenditure imputation.

The user shall note that there are 10 sources of payment variables in the pre-imputed expenditure data, while the imputed expenditure data on File 1 contains 12 sources of payment variables. The additional two sources of payment (which are not reported as separate sources of payment through the data collection) are Other Private and Other Public. These source of payment categories were constructed to resolve apparent inconsistencies between individuals' reported insurance coverage and their sources of payment for specific events File 2 also includes a variable indicating uncollected liability.

3.0   Sample Weights and Variance Estimation Variables (WTDPER96-VARPSU96)

3.1   Overview

There is a single full year person-level weight (WTDPER96) included on this file. A person-level weight was assigned to each dental events reported by a key, in-scope person who responded to MEPS for the full period of time that he or she was in scope during 1996. A key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope at the time of the 1995 NHIS (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States). A person is in scope whenever he or she is a member of the civilian noninstitutionalized portion of the U.S. population.

3.2   Details on Person Weights Construction

The person-level weight WTDPER96 was developed using the MEPS Round 1 person-level weight as a base weight (for key, in scope respondents who joined an RU after Round 1, the Round 1 RU weight served as a base weight). The weighting process included an adjustment for nonresponse over Round 2 and the 1996 portion of Round 3, as well as poststratification to population control figures for December 1996 (these figures were derived by scaling the population totals obtained from the March 1997 Current Population Survey (CPS) to reflect the Census Bureau estimated population distribution across age and sex categories as of December, 1996). Variables used in the establishment of person-level poststratification control figures included: poverty status (below poverty, from 100 to 125 percent of poverty, from 125 to 200 percent of poverty, from 200 to 400 percent of poverty, at least 400 percent of poverty); census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex; and age. Overall, the weighted population estimate for the civilian non-institutionalized population for December 31, 1996 is 265,439,511

persons. The inclusion of key, in scope persons who were not in scope on December 31,1996 brings the estimated total number of persons represented by the MEPS respondents over the course of the year up to 268,905,490 (WTDPER96 > 0). The weighting process included poststratification to population totals obtained from the 1996 Medicare Current Beneficiary Survey (MCBS) for the number of deaths among Medicare beneficiaries in 1996, and poststratification to population totals obtained from the 1996 MEPS Nursing Home Component for the number of individuals admitted to nursing homes.

The MEPS Round 1 weights incorporated the following components: the original household probability of selection for the NHIS; ratio-adjustment to NHIS national population estimates at the household (occupied dwelling unit) level; adjustment for nonresponse at the dwelling unit level for Round 1; and poststratification to figures at the family- and person-level obtained from the March 1996 CPS database.

4.0   Strategies for Estimation

This file is constructed for efficient estimation of utilization, expenditure, and sources of payment for dental events and to allow for estimates of number of persons with dental utilization for 1996.

4.1   Variables with Missing Values

It is essential that the analyst examine all variables for the presence of negative values used to represent missing values. For example, a record with a value of -8 for the first ICD9 condition code (DVICD1X) indicates that the condition was reported as unknown.

For continuous or discrete variables, where means or totals may be taken, it may be necessary to set minus values to values appropriate to the analytic needs. That is, the analyst should either impute a value or set the value to one that will be interpreted as missing by the computing language used. For categorical and dichotomous variables, the analyst may want to consider whether to recode or impute a value for cases with negative values or whether to exclude or include such cases in the numerator and/or denominator when calculating proportions.

Methodologies used for the editing/imputation of expenditure variables (e.g. sources of payment, flat fee, and zero expenditures) are described in Section 2.5.4.

4.2   Basic Estimates of Utilization, Expenditure and Sources of Payment

While the examples described below illustrate the use of event level data in constructing person level total expenditures, these estimates can also be derived from the person level expenditure file unless the characteristic of interest is event specific.

In order to produce national estimates related to dental visits utilization, expenditure and sources of payment, the value in each record contributing to the estimates must be multiplied by the weight (WTDPER96) contained on that record.

Example 1:

For example, the total number of dental visits, for the civilian non-institutionalized population of the U.S. in 1996 is estimated as the sum of the weight (WTDPER96) across all dental visit records. That is,

$$\Sigma W_j = 294{,}539{,}798 \qquad\qquad (1)$$

Subsetting to records based on characteristics of interest expands the scope of potential estimates. For example, the estimate for the mean out-of-pocket payment per dental visit should be calculated as the weighted average of amount paid by self/family. That is,

$$\overline{X} = (\Sigma W_j X_j)/(\Sigma W_j) = \$93.90, \tag{2}$$

where

$\Sigma W_j = 236,556,599$

and

$X_j = DVSF96X_j$ for all records with $DVXP96X_j > 0$

This gives \$93.90 as the estimated mean amount of out-of-pocket payment of expenditures associated with dental visits and 236,556,599 as an estimate of the total number of dental visits with expenditure. Both of these estimates are for the civilian non-institutionalized population of the U.S. in 1996.

Another example would be to estimate the average proportion of total expenditures paid by private insurance per dental visit. This should be calculated as the weighted mean of the proportion of the total dental visit paid by private insurance at the dental visit . That is,

$$\overline{Y} = (\Sigma W_j Y_j)/(\Sigma W_j) = 0.4566, \tag{3}$$

where

$\Sigma W_j = 236,556,599$

and

$Y_j = DVPV96X_j/DVXP96X_j$ for all records with $DVXP96X_j > 0$

This gives 0.4566 as the estimated mean proportion of total expenditures paid by private insurance for dental visits for the civilian non-institutionalized population of the U.S. in 1996.

4.3   Estimates of the Number of Persons with Dental Visits

When calculating an estimate of the total number of persons with dental visits, users can use a person-level file (MEPS HC-011: Person Level Expenditures and Utilization) or this event file. However, this event file must be used when the measure of interest is defined at the event level. For example, to estimate the number of persons in the civilian non-institutionalized population of the U.S., with a dental visit in 1996 because of accident or injury, this event file must be used. This would be estimated as

$$\Sigma W_i X_i \quad \text{across all unique persons i on this file,} \qquad (4)$$

where

W_i is the sampling weight (WTDPER96) for person i

and

$X_i = 1$ if DENTINJ =1 for any visit of person i

     $= 0$ otherwise

4.4   Person-Based Ratio Estimates

4.4.1 Person-Based Ratio Estimates Relative to Persons with Dental Visits

This file may be used to derive person-based ratio estimates. However, when calculating ratio estimates where the denominator is persons, care should be taken to properly define and estimate the unit of analysis up to person level. For example, the mean expense for persons with dental visits is estimated as,

$$(\Sigma W_i Z_i)/(\Sigma W_i) \quad \text{across all unique persons i on this file,} \qquad (5)$$

where

W_i is the sampling weight (WTDPER96) for person i

and

$Z_i = \Sigma \, \text{DVXP96X}_j$ across all dental visits for person i

4.4.2 Person-Based Ratio Estimates Relative to the Entire Population

If the ratio relates to the entire population, this file cannot be used to calculate the denominator, as only those persons with at least one dental visit are represented on this data file. In this case MEPS File HC-011, which has data for all sampled persons, must be used to estimate the total number of persons (i.e. those with use and those without use). For example, to estimate the proportion of civilian non-institutionalized population of the U.S. with at least one dental visit with at least one dental visit due to accident or injury, the numerator would be derived from data on this event file, and the denominator would be derived from data on the MEPS HC-011 person-level file. That is,

$$(\Sigma W_i Z_i)/(\Sigma W_i) \quad \text{across all unique persons i on the MEPS HC-011 file,} \quad (6)$$

where

W_i is the sampling weight (WTDPER96) for person i

and

$Z_i = 1$ if DENTINJj =1 for any event of person i on the event-level file

    $= 0$ otherwise for all remaining persons on the MEPS HC-011 file

4.5   Sampling Weights for Merging Previous Releases of MEPS Household Data with the Current Data File

There have been several previous releases of MEPS Household Survey public use data. Unless a variable name common to several tapes is provided, the sampling weights contained on these data files are file-specific. The file-specific weights reflect minor adjustments to eligibility and response indicators due to birth, death, or institutionalization among respondents.

In general for estimates from a MEPS data file that do not require merging with variables from other MEPS data files, the sampling weight(s) provided on that data file are the appropriate weight(s). When merging a MEPS Household data file to another, the major analytical variable (i.e. the dependent variable) determines the correct sampling weight to use.

4.6   Variance Estimation

To obtain estimates of variability (such as the standard error of sample estimates or corresponding confidence intervals) for estimates based on MEPS survey data, one needs to take into account the complex sample design of MEPS. Various approaches can be used to develop such estimates of variance including use of the Taylor series or various replication methodologies. Replicate weights have not been developed for the MEPS 1996 data. Variables needed to implement a Taylor series estimation approach are described in the paragraph below.

Using a Taylor Series approach, variance estimation strata and the variance estimation PSUs within these strata must be specified. The corresponding variables on the MEPS full year utilization database are VARSTR96 and VARPSU96, respectively. Specifying a "with replacement" design in a computer software package such as SUDAAN (Shah, 1996) should provide standard errors appropriate for assessing the variability of MEPS survey estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the actual number available. For MEPS sample estimates for characteristics generally distributed throughout the country (and thus the sample PSUs), there are

over 100 degrees of freedom associated with the corresponding estimates of variance. The following illustrates these concepts using two examples from section 4.2.

Example 2 from Section 4.2

Using a Taylor Series approach, specifying VARSTR96 and VARPSU96 as the variance estimation strata and PSUs (within these strata) respectively and specifying a "with replacement" design in a computer software package SUDAAN will yield the estimate of standard error of $2.91 for the estimated mean of out-of-pocket payment.

Example 3 from Section 4.2

Using a Taylor Series approach, specifying VARSTR96 and VARPSU96 as the variance estimation strata and PSUs (within these strata) respectively and specifying a "with replacement" design in a computer software package SUDAAN will yield the estimate of standard error of 0.0084 for the weighted mean proportion of total expenditures paid by private insurance.

5.0   Merging/Linking MEPS Data Files

Data from this file can be used alone or in conjunction with other files. This section provides instructions for linking the dental file with other MEPS public use files, including: the conditions file, the prescribed medicines file, and a person-level file.

5.1   Linking a Person-Level File to the Dental File

Data from the dental event file can be used alone or in conjunction with other files. Merging characteristics of interest from other MEPS files (e.g., HC-008: 1996 Full Year Population Characteristics File or HC-010A:1996 Prescribed Medicines File) expands the scope of potential estimates. For example, to estimate the total number of dental events of persons with specific characteristics such as age, race, and sex, population characteristics from a person-level file need to be merged onto the dental file. This procedure is shown below. The Appendix File (HC:010I) provides additional detail on how to merge MEPS data files.

1.   Create data set PERSX by sorting the person level file, HC008, by the person identifier, DUPERSID. Keep only variables to be merged on to the dental file and DUPERSID.

2.   Create data set DENT by sorting the dental events file by person identifier, DUPERSID.

3.   Create final data set NEWDENT by merging these two files by DUPERSID, keeping only records on the dental file.

The following is an example of SAS code which completes these steps:

```
PROC SORT DATA=HC008(KEEP=DUPERSID AGE SEX EDUC)
OUT=PERSX;
   BY DUPERSID;
RUN;

PROC SORT DATA=DENT;
   BY DUPERSID;
RUN;

DATA NEWDENT;
   MERGE DENT (IN=A) PERSX(IN=B);
   BY DUPERSID;
   IF A;
RUN;
```

5.2   Linking the Dental File (HC-010B) to the Medical Conditions File (HC-006) and/or the Prescribed Medicines File (HC-010A)

Due to survey design issues, there are limitations/caveats that an analyst must keep in mind when linking the different files. Those limitations/caveats are listed below. For detailed linking examples, including SAS code, analysts should refer to the **Appendix File**.

5.2.1 Limitations/Caveats of RXLK (the Prescribed Medicine Link File)

The RXLK file provides a link from the MEPS event files to the prescribed medicine records on HC-010A. When using RXLK, analysts should keep in mind that one dental visit can link to more than one prescribed medicine record. Conversely, a prescribed medicine event may link to more than one dental visit or different types of events. When this occurs, it is up to the analyst to determine how the prescribed medicine expenditures should be allocated among those dental and/or medical events.

5.2.2 Limitations/Caveats of CLNK (the Medical Conditions Link File)

The CLNK provides a link from MEPS event files to the Medical Conditions File (HC-006). When using the CLNK, analysts should keep in mind that (1) conditions are self-reported and (2) there may be multiple conditions associated with a dental visit. Users should also note that not all dental visits link to the condition file.

6.0   Programming Information

The following are the technical specifications for the HC-010B data files, which are provided in ASCII and SAS formats.

ASCII versions:
File Name: HC10BF1.DAT
Number of Observations: 22,165
Number of Variables: 97
Record Length: 339
Record Format: fixed
Record Identifier and Sort Key: EVNTIDX

File Name: HC10BF2.DAT
Number of Observations: 22,165
Number of Variables: 20
Record Length: 131
Record Format: fixed
Record Identifier and Sort Key: EVNTIDX

SAS Transport versions:
File Name: HC10BF1.SSP
SAS Name: HC10BF1
Number of Observations: 22,165
Number of Variables: 97
Record Identifier and Sort Key: EVNTIDX

File Name: HC10BF2.SSP
SAS Name: HC10BF2
Number of Observations: 22,165
Number of Variables: 20
Record Identifier and Sort Key: EVNTIDX

References

Cohen, S.B. (1998). Sample Design of the 1996 Medical Expenditure Panel Survey Medical Provider Component. Journal of Economic and Social Measurement. Vol 24, 25-53.

Cohen, S.B. (1997). Sample Design of the 1996 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Methodology Report*, *No. 2*. AHCPR Pub. No. 97-0027.

Cohen, J.W. (1997). Design and Methods of the Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Methodology Report, No. 1*. AHCPR Pub. No. 97-0026.

Cohen, S.B. (1996). The Redesign of the Medical Expenditure Panel Survey: A Component of the DHHS Survey Integration Plan. *Proceedings of the COPAFS Seminar on Statistical Methodology in the Public Service.*

Cox, B.G. and Cohen, S.B. (1985). Chapter 8: Imputation Procedures to Compensate for Missing Responses to Data Items. In *Methodological Issues for Health Care Surveys.* Marcel Dekker, New York.

Health Care Financing Administration (1980). International Classification of Diseases, 9th Revision, Clinical Modification (ICD-CM). Vol. 1. (DHHS Pub. No. (PHS) 80-1260). DHHS: U.S. Public Health Services.

Monheit, A.C., Wilson, R., and Arnett, III, R.H. (Editors). Informing American Health Care Policy. (1999). Jossey-Bass Inc, San Francisco.

Shah, B.V., Barnwell, B.G., Bieler, G.S., Boyle, K.E., Folsom, R.E., Lavange, L., Wheeless, S.C., and Williams, R. (1996). *Technical Manual: Statistical Methods and Algorithms Used in SUDAAN Release 7.0,* Research Triangle Park, NC: Research Triangle Institute.

Attachment 1
Definitions

Dwelling Units, Reporting Units, Families, and Persons – The definitions of Dwelling Units (DUs) and Group Quarters in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey. The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. The person number (PID) uniquely identifies all persons within the dwelling unit. The variable DUPERSID is the combination of the variables DUID and PID.

A Reporting Unit (RU) is a person or group of persons in the sampled dwelling unit who are related by blood, marriage, adoption or other family association, and who are to be interviewed as a group in MEPS. Thus, the RU serves chiefly as a family-based "survey operations" unit rather than an analytic unit. Regardless of the legal status of their association, two persons living together as a "family" unit were treated as a single reporting unit if they chose to be so identified.

Unmarried college students under 24 years of age who usually live in the sampled household, but were living away from home and going to school at the time of the Round 1 MEPS interview, were treated as a Reporting Unit separate from that of their parents for the purpose of data collection. These variables can be found on MEPS person level files.

In-Scope – A person was classified as in-scope (INSCOPE) if he or she was a member of the U.S. civilian, non-institutionalized population at some time during the Round 1 interview. This variable can be found on MEPS person level files.

Keyness –The term "keyness" is related to an individual's chance of being included in MEPS. A person is key if that person is appropriately linked to the set of 1995 NHIS sampled households designated for inclusion in MEPS. Specifically, a key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope prior to joining that household (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States).

A non-key person is one whose chance of selection for the NHIS (and MEPS) was associated with a household eligible but not sampled for the NHIS, who happened to have become a member of a MEPS reporting unit by the time of the MEPS Round 1 interview. MEPS data, (e.g., utilization and income) were collected for the period of time a non-key person was part of the sampled unit to permit family level analyses. However, non-key persons who leave a sample household would not be recontacted for subsequent interviews. Non-key individuals are not part of the target sample used to obtain person level national estimates.

It should be pointed out that a person may be key even though not part of the civilian, non-institutionalized portion of the U.S population. For example, a person in the military may be living with his or her civilian spouse and children in a household sampled for the 1995 NHIS. The

person in the military would be considered a key person for MEPS. However, such a person would not receive a person-level sample weight so long as he or she was in the military. All key persons who participated in the first round of the 1996 MEPS received a person level sample weight except those who were in the military. The variable indicating "keyness" is KEYNESS. This variable can be found on MEPS person level files.

Eligibility –The eligibility of a person for MEPS pertains to whether or not data were to be collected for that person. All key, in-scope persons of a sampled RU were eligible for data collection. The only non-key persons eligible for data collection were those who happened to be living in the same RU as one or more key persons, and their eligibility continued only for the time that they were living with a key person. The only out-of-scope persons eligible for data collection were those who were living with key in-scope persons, again only for the time they were living with a key person. Only military persons meet this description. A person was considered eligible if they were eligible at any time during Round 1. The variable indicating "eligibility" is ELIGRND1, where 1 is coded for persons eligible for data collection for at least a portion of the Round 1 reference period, and 2 is coded for persons not eligible for data collection at any time during the first round reference period. This variable can be found on MEPS person level files.
Pre-imputed - This means that only a series of logical edits were applied to the HC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. Missing data remains.

Unimputed - This means that only a series of logical edits were applied to the MPC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. This data was used as the imputation source to account for missing HC data.

Imputation -Imputation is more often used for item missing data adjustment through the use of predictive models for the missing data, based on data available on the same (or similar) cases. Hot-deck imputation creates a data set with complete data for all nonrespondent cases, often by substituting the data from a respondent case that resembles the nonrespondent on certain known variables.

Household Reported Drug (mention) – A household reported drug is a unique prescribed medication reported by a household respondent. A household reported drug is checked on the prescribed medicines roster as being created during that round or selected from a roster from a previous round. Associated with each household reported drug mention in a given round may be multiple acquisitions of the medication during that round. Due to the editing and imputation procedures for these data, cases with multiple purchases of the same medication may be assigned more than one variant of the medication based on its form, strength, manufacturer, or package size (i.e., its National Drug Code). Thus, what originally was reported as a single medication in the Household Component may appear as multiple unique medications on the prescribed medicines event file.

D. Codebooks

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
105	106	ABSCESS	ABSCESS OR INFECTION TREATMENT
111	112	BRIDGES	BRIDGES
109	110	BRIDGESX	EDITED BRIDGES
71	72	CLENTETH	CLEANING,PROPHYLAXIS, OR POLISHING
69	70	CLENTETX	EDITED CLENTETH
87	88	CROWNS	CROWNS OR CAPS
85	86	CROWNSX	EDITED CROWNS
51	52	DENTHYG	DENTAL HYGIENIST SEEN
181	182	DENTINJ	VISIT BECAUSE OF ACCIDENT OR INJURY
183	184	DENTMED	RECEIVE MEDICINE INCLUDING FREE SAMPLE
156	180	DENTOTHR	OTHER SPECIFIED DENTAL PROCEDURES
131	155	DENTOTHX	EDITED DENTOTHR
129	130	DENTPROC	OTHER DENTAL PROCEDURES
127	128	DENTPROX	EDITED DENTPROC
55	56	DENTSURG	DENTAL SURGEON SEEN
53	54	DENTTECH	DENTAL TECHNICIAN SEEN
115	116	DENTURES	DENTURES OR PARTIAL DENTURES
113	114	DENTUREX	EDITED DENTURES
63	64	DENTYPE	OTHER DENTAL SPECIALIST SEEN
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
195	197	DVCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE
198	200	DVCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
249	254	DVCH96X	AMOUNT PAID,CHAMPUS/CHAMPVA (IMPUTED)
47	48	DVDATEDD	EVENT DATE - DAY
45	46	DVDATEMM	EVENT DATE - MONTH
41	44	DVDATEYR	EVENT DATE - YEAR
185	187	DVICD1X	3 DIGIT ICD-9 CONDITION CODE
188	190	DVICD2X	3 DIGIT ICD-9 CONDITION CODE
228	234	DVMD96X	AMOUNT PAID,MEDICAID (IMPUTED)
221	227	DVMR96X	AMOUNT PAID,MEDICARE (IMPUTED)
255	260	DVOF96X	AMOUNT PAID,OTHER FEDERAL (IMPUTED)
274	280	DVOR96X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
288	294	DVOT96X	AMOUNT PAID,OTHER INSURANCE (IMPUTED)
281	287	DVOU96X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
191	192	DVPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
193	194	DVPRO2X	2 DIGIT ICD-9 PROCEDURE CODE
235	241	DVPV96X	AMOUNT PAID,PRIVATE INSURANCE (IMPUTED)
214	220	DVSF96X	AMOUNT PAID,FAMILY (IMPUTED)
261	267	DVSL96X	AMOUNT PAID,STATE & LOCAL GOV (IMPUTED)
302	309	DVTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
242	248	DVVA96X	AMOUNT PAID,VETERANS (IMPUTED)
268	273	DVWC96X	AMOUNT PAID,WORKERS COMP (IMPUTED)
295	301	DVXP96X	SUM OF DVSF96X-DVOT96X (IMPUTED)
59	60	ENDODENT	ENDODONTIST SEEN
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
67	68	EXAMINE	GENERAL EXAM OR CONSULTATION
65	66	EXAMINEX	EDITED EXAMINE
101	102	EXTRACT	EXTRACTION, TOOTH PULLED
208	209	FFBEF96	# VISITS IN FF (ALL EVENTS) BEFORE 1996
204	205	FFDV96	# OF DN VISITS IN FLAT FFEE - 1996
210	211	FFDV97	# OF DN VISITS IN FF - 1997 THRU RD3
202	203	FFDVTYPX	ED FLAT FEE STEM-LEAF INDICATOR
30	40	FFID11X	FLAT FEE ID
206	207	FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996
212	213	FFTOT97	# VISITS IN FF (ALL EVENTS)-1997 THRU R3
81	82	FILLING	FILLINGS
79	80	FILLINGX	EDITED FILLING

```
                        MEPS HC-010B
                      1996 DENTAL VISITS
                          FILE 1

                    DATE:      July 28, 2000


           ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

              -----ALPHABETICAL LISTING OF VARIABLES-----


      START       END     NAME         DESCRIPTION
         75        76     FLUORIDE     FLUORIDE TREATMENT
         49        50     GENDENT      GENERAL DENTIST SEEN
         95        96     GUMSURG      PERDTL SCALING/ROOT PLANING OR GUM
         93        94     GUMSURGX     EDITED GUMSURG
        322       322     IMPDVCHG     IMPUTATION STATUS OF DVTC96X
        315       315     IMPDVCHM     IMPUTATION FLAG FOR DVCH96X
        312       312     IMPDVMCD     IMPUTATION FLAG FOR DVMD96X
        311       311     IMPDVMCR     IMPUTATION FLAG FOR DVMR96X
        316       316     IMPDVOFD     IMPUTATION FLAG FOR DVOF96X
        319       319     IMPDVOPR     IMPUTATION FLAG FOR DVOR96X
        320       320     IMPDVOPU     IMPUTATION FLAG FOR DVOU96X
        321       321     IMPDVOSR     IMPUTATION FLAG FOR DVOT96X
        313       313     IMPDVPRV     IMPUTATION FLAG FOR DVPV96X
        310       310     IMPDVSLF     IMPUTATION FLAG FOR DVSF96X
        317       317     IMPDVSTL     IMPUTATION FLAG FOR DVSL96X
        314       314     IMPDVVA      IMPUTATION FLAG FOR DVVA96X
        318       318     IMPDVWCP     IMPUTATION FLAG FOR DVWC96X
        103       104     IMPLANT      IMPLANTS
         83        84     INLAY        INLAYS
         73        74     JUSTXRAY     X-RAYS, RADIOGRAPHS OR BITEWINGS
        201       201     NUMCOND      TOTAL # COND RECORDS LINKED TO THIS EVNT
        107       108     ORALSURG     ORAL SURGERY
        121       122     ORTHDONT     ORTHODONTIA, BRACES OR RETAINERS
        119       120     ORTHDONX     EDITED ORTHDONT
         57        58     ORTHODNT     ORTHODONTIST SEEN
         61        62     PERIODNT     PERIODONTIST SEEN
          6         8     PID          PERSON NUMBER
         99       100     RECLVIS      PERIODONTAL RECALL VISIT
         97        98     RECLVISX     EDITED RECLVIS
        117       118     REPAIR       REPAIR BRIDGES/DENTURES OR RELINING
         91        92     ROOTCANL     ROOT CANAL
         89        90     ROOTCANX     EDITED ROOTCANL
         77        78     SEALANT      SEALANT APPLICATION
        125       126     TMDTMJ       TREATMENT FOR TMD OR TMJ
        335       336     VARPSU96     VARIANCE ESTIMATION PSU,1996
        337       339     VARSTR96     VARIANCE ESTIMATION STRATUM,1996
        123       124     WHITEN       BONDING, WHITENING OR BLEACHING
        323       334     WTDPER96     POVERTY/MORTALITY ADJ PERS WEIGHT, 1996
```

DATE: July 28, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	29	EVENTRN	EVENT ROUND NUMBER
30	40	FFID11X	FLAT FEE ID
41	44	DVDATEYR	EVENT DATE - YEAR
45	46	DVDATEMM	EVENT DATE - MONTH
47	48	DVDATEDD	EVENT DATE - DAY
49	50	GENDENT	GENERAL DENTIST SEEN
51	52	DENTHYG	DENTAL HYGIENIST SEEN
53	54	DENTTECH	DENTAL TECHNICIAN SEEN
55	56	DENTSURG	DENTAL SURGEON SEEN
57	58	ORTHODNT	ORTHODONTIST SEEN
59	60	ENDODENT	ENDODONTIST SEEN
61	62	PERIODNT	PERIODONTIST SEEN
63	64	DENTYPE	OTHER DENTAL SPECIALIST SEEN
65	66	EXAMINEX	EDITED EXAMINE
67	68	EXAMINE	GENERAL EXAM OR CONSULTATION
69	70	CLENTETX	EDITED CLENTETH
71	72	CLENTETH	CLEANING,PROPHYLAXIS, OR POLISHING
73	74	JUSTXRAY	X-RAYS, RADIOGRAPHS OR BITEWINGS
75	76	FLUORIDE	FLUORIDE TREATMENT
77	78	SEALANT	SEALANT APPLICATION
79	80	FILLINGX	EDITED FILLING
81	82	FILLING	FILLINGS
83	84	INLAY	INLAYS
85	86	CROWNSX	EDITED CROWNS
87	88	CROWNS	CROWNS OR CAPS
89	90	ROOTCANX	EDITED ROOTCANL
91	92	ROOTCANL	ROOT CANAL
93	94	GUMSURGX	EDITED GUMSURG
95	96	GUMSURG	PERDTL SCALING/ROOT PLANING OR GUM
97	98	RECLVISX	EDITED RECLVIS
99	100	RECLVIS	PERIODONTAL RECALL VISIT
101	102	EXTRACT	EXTRACTION, TOOTH PULLED
103	104	IMPLANT	IMPLANTS
105	106	ABSCESS	ABSCESS OR INFECTION TREATMENT
107	108	ORALSURG	ORAL SURGERY
109	110	BRIDGESX	EDITED BRIDGES
111	112	BRIDGES	BRIDGES
113	114	DENTUREX	EDITED DENTURES
115	116	DENTURES	DENTURES OR PARTIAL DENTURES
117	118	REPAIR	REPAIR BRIDGES/DENTURES OR RELINING
119	120	ORTHDONX	EDITED ORTHDONT
121	122	ORTHDONT	ORTHODONTIA, BRACES OR RETAINERS
123	124	WHITEN	BONDING, WHITENING OR BLEACHING
125	126	TMDTMJ	TREATMENT FOR TMD OR TMJ
127	128	DENTPROX	EDITED DENTPROC
129	130	DENTPROC	OTHER DENTAL PROCEDURES
131	155	DENTOTHX	EDITED DENTOTHR
156	180	DENTOTHR	OTHER SPECIFIED DENTAL PROCEDURES
181	182	DENTINJ	VISIT BECAUSE OF ACCIDENT OR INJURY
183	184	DENTMED	RECEIVE MEDICINE INCLUDING FREE SAMPLE
185	187	DVICD1X	3 DIGIT ICD-9 CONDITION CODE
188	190	DVICD2X	3 DIGIT ICD-9 CONDITION CODE
191	192	DVPRO1X	2 DIGIT ICD-9 PROCEDURE CODE
193	194	DVPRO2X	2 DIGIT ICD-9 PROCEDURE CODE
195	197	DVCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
198	200	DVCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE
201	201	NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT
202	203	FFDVTYPX	ED FLAT FEE STEM-LEAF INDICATOR
204	205	FFDV96	# OF DN VISITS IN FLAT FFEE - 1996
206	207	FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996
208	209	FFBEF96	# VISITS IN FF (ALL EVENTS) BEFORE 1996
210	211	FFDV97	# OF DN VISITS IN FF - 1997 THRU RD3
212	213	FFTOT97	# VISITS IN FF (ALL EVENTS)-1997 THRU R3
214	220	DVSF96X	AMOUNT PAID,FAMILY (IMPUTED)
221	227	DVMR96X	AMOUNT PAID,MEDICARE (IMPUTED)
228	234	DVMD96X	AMOUNT PAID,MEDICAID (IMPUTED)
235	241	DVPV96X	AMOUNT PAID,PRIVATE INSURANCE (IMPUTED)
242	248	DVVA96X	AMOUNT PAID,VETERANS (IMPUTED)
249	254	DVCH96X	AMOUNT PAID,CHAMPUS/CHAMPVA (IMPUTED)
255	260	DVOF96X	AMOUNT PAID,OTHER FEDERAL (IMPUTED)
261	267	DVSL96X	AMOUNT PAID,STATE & LOCAL GOV (IMPUTED)
268	273	DVWC96X	AMOUNT PAID,WORKERS COMP (IMPUTED)
274	280	DVOR96X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)
281	287	DVOU96X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)
288	294	DVOT96X	AMOUNT PAID,OTHER INSURANCE (IMPUTED)
295	301	DVXP96X	SUM OF DVSF96X-DVOT96X (IMPUTED)
302	309	DVTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
310	310	IMPDVSLF	IMPUTATION FLAG FOR DVSF96X
311	311	IMPDVMCR	IMPUTATION FLAG FOR DVMR96X
312	312	IMPDVMCD	IMPUTATION FLAG FOR DVMD96X
313	313	IMPDVPRV	IMPUTATION FLAG FOR DVPV96X
314	314	IMPDVVA	IMPUTATION FLAG FOR DVVA96X
315	315	IMPDVCHM	IMPUTATION FLAG FOR DVCH96X
316	316	IMPDVOFD	IMPUTATION FLAG FOR DVOF96X
317	317	IMPDVSTL	IMPUTATION FLAG FOR DVSL96X
318	318	IMPDVWCP	IMPUTATION FLAG FOR DVWC96X
319	319	IMPDVOPR	IMPUTATION FLAG FOR DVOR96X
320	320	IMPDVOPU	IMPUTATION FLAG FOR DVOU96X
321	321	IMPDVOSR	IMPUTATION FLAG FOR DVOT96X
322	322	IMPDVCHG	IMPUTATION STATUS OF DVTC96X
323	334	WTDPER96	POVERTY/MORTALITY ADJ PERS WEIGHT, 1996
335	336	VARPSU96	VARIANCE ESTIMATION PSU,1996
337	339	VARSTR96	VARIANCE ESTIMATION STRATUM,1996

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PID	PERSON NUMBER	3.0	NUM	6	8

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EVNTIDX	EVENT ID	12.0	CHAR	17	28

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EVENTRN	EVENT ROUND NUMBER	1.0	NUM	29	29

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1	7,677	102,262,508
2	10,305	136,894,437
3	4,183	55,382,853
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFID11X	FLAT FEE ID	11.0	CHAR	30	40

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	17,819	234,821,408
VALID ID	4,346	59,718,390
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVDATEYR	EVENT DATE - YEAR	4.0	NUM	41	44

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	36	355,543
-8 DK	8	101,885
-7 REFUSED	2	23,983
1996	22,119	294,058,386
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVDATEMM	EVENT DATE - MONTH	2.0	NUM	45	46

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	58	688,776
-8 DK	12	115,270
1 - 12	22,095	293,735,752
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVDATEDD	EVENT DATE - DAY	2.0	NUM	47	48

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	86	1,131,434
-8 DK	1,473	19,091,463
-7 REFUSED	3	34,546
1 - 31	20,603	274,282,355
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
GENDENT	GENERAL DENTIST SEEN	2.0	NUM	49	50

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	199	2,776,885
-8 DK	16	105,917
1 YES	16,360	216,383,373
2 NO	5,590	75,273,622
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTHYG	DENTAL HYGIENIST SEEN	2.0	NUM	51	52

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	199	2,776,885
-8 DK	16	105,917
1 YES	5,395	73,555,562
2 NO	16,555	218,101,433
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTTECH	DENTAL TECHNICIAN SEEN	2.0	NUM	53	54

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	199	2,776,885
-8 DK	16	105,917
1 YES	934	12,327,862
2 NO	21,016	279,329,133
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTSURG	DENTAL SURGEON SEEN	2.0	NUM	55	56

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	199	2,776,885
-8 DK	16	105,917
1 YES	769	10,229,646
2 NO	21,181	281,427,349
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ORTHODNT	ORTHODONTIST SEEN	2.0	NUM	57	58

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	199	2,776,885
-8 DK	16	105,917
1 YES	2,889	39,773,604
2 NO	19,061	251,883,391
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ENDODENT	ENDODONTIST SEEN	2.0	NUM	59	60

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	199	2,776,885
-8 DK	16	105,917
1 YES	198	2,817,292
2 NO	21,752	288,839,703
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PERIODNT	PERIODONTIST SEEN	2.0	NUM	61	62

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	199	2,776,885
-8 DK	16	105,917
1 YES	415	5,539,181
2 NO	21,535	286,117,814
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTYPE	OTHER DENTAL SPECIALIST SEEN	2.0	NUM	63	64

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	199	2,776,885
-8 DK	16	105,917
1 YES	433	5,697,799
2 NO	21,517	285,959,196
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EXAMINEX	EDITED EXAMINE	2.0	NUM	65	66

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	10,280	137,784,427
2 NO	11,767	155,375,745
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EXAMINE	GENERAL EXAM OR CONSULTATION	2.0	NUM	67	68

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	10,279	137,775,768
2 NO	11,768	155,384,403
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
CLENTETX	EDITED CLENTETH	2.0	NUM	69	70

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	8,853	119,002,544
2 NO	13,194	174,157,628
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
CLENTETH	CLEANING,PROPHYLAXIS, OR POLISHING	2.0	NUM	71	72

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	8,851	118,978,628
2 NO	13,196	174,181,544
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
JUSTXRAY	X-RAYS, RADIOGRAPHS OR BITEWINGS	2.0	NUM	73	74

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	4,688	61,936,899
2 NO	17,359	231,223,272
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FLUORIDE	FLUORIDE TREATMENT	2.0	NUM	75	76

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	1,371	18,113,443
2 NO	20,676	275,046,728
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
SEALANT	SEALANT APPLICATION	2.0	NUM	77	78

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	276	3,311,687
2 NO	21,771	289,848,485
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FILLINGX	EDITED FILLING	2.0	NUM	79	80

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	3,105	39,875,651
2 NO	18,942	253,284,521
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FILLING	FILLINGS	2.0	NUM	81	82

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	3,093	39,683,151
2 NO	18,954	253,477,021
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
INLAY	INLAYS	2.0	NUM	83	84

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	53	644,212
2 NO	21,994	292,515,960
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
CROWNSX	EDITED CROWNS	2.0	NUM	85	86

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	1,568	21,558,920
2 NO	20,479	271,601,252
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
CROWNS	CROWNS OR CAPS	2.0	NUM	87	88

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	1,567	21,548,247
2 NO	20,480	271,611,925
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ROOTCANX	EDITED ROOTCANL	2.0	NUM	89	90

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	803	10,306,973
2 NO	21,244	282,853,199
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ROOTCANL	ROOT CANAL	2.0	NUM	91	92

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	799	10,236,096
2 NO	21,248	282,924,075
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
GUMSURGX	EDITED GUMSURG	2.0	NUM	93	94

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	346	4,245,640
2 NO	21,701	288,914,532
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
GUMSURG	PERDTL SCALING/ROOT PLANING OR GUM	2.0	NUM	95	96

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	340	4,153,888
2 NO	21,707	289,006,284
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
RECLVISX	EDITED RECLVIS	2.0	NUM	97	98

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	254	3,284,499
2 NO	21,793	289,875,673
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
RECLVIS	PERIODONTAL RECALL VISIT	2.0	NUM	99	100

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	203	2,560,652
2 NO	21,844	290,599,520
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EXTRACT	EXTRACTION, TOOTH PULLED	2.0	NUM	101	102

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	1,172	14,569,677
2 NO	20,875	278,590,494
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPLANT	IMPLANTS	2.0	NUM	103	104

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	63	868,545
2 NO	21,984	292,291,627
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ABSCESS	ABSCESS OR INFECTION TREATMENT	2.0	NUM	105	106

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	292	3,772,029
2 NO	21,755	289,388,143
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ORALSURG	ORAL SURGERY	2.0	NUM	107	108

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	154	2,002,978
2 NO	21,893	291,157,194
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
BRIDGESX	EDITED BRIDGES	2.0	NUM	109	110

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	228	2,915,021
2 NO	21,819	290,245,150
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
BRIDGES	BRIDGES	2.0	NUM	111	112

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	227	2,900,548
2 NO	21,820	290,259,624
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTUREX	EDITED DENTURES	2.0	NUM	113	114

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	395	5,176,930
2 NO	21,652	287,983,241
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTURES	DENTURES OR PARTIAL DENTURES	2.0	NUM	115	116

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	389	5,097,624
2 NO	21,658	288,062,548
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
REPAIR	REPAIR BRIDGES/DENTURES OR RELINING	2.0	NUM	117	118

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	412	5,689,324
2 NO	21,635	287,470,848
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ORTHDONX	EDITED ORTHDONT	2.0	NUM	119	120

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	2,470	33,892,865
2 NO	19,577	259,267,306
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
ORTHDONT	ORTHODONTIA, BRACES OR RETAINERS	2.0	NUM	121	122

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	2,464	33,845,976
2 NO	19,583	259,314,196
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
WHITEN	BONDING, WHITENING OR BLEACHING	2.0	NUM	123	124

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	136	1,880,747
2 NO	21,911	291,279,424
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
TMDTMJ	TREATMENT FOR TMD OR TMJ	2.0	NUM	125	126

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	92	1,122,321
-8 DK	26	257,305
1 YES	44	623,858
2 NO	22,003	292,536,314
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTPROX	EDITED DENTPROC	2.0	NUM	127	128

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	93	1,128,947
-8 DK	26	257,305
1 YES	374	5,006,352
2 NO	21,672	288,147,194
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTPROC	OTHER DENTAL PROCEDURES	2.0	NUM	129	130

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	93	1,128,947
-8 DK	26	257,305
1 YES	468	6,330,157
2 NO	21,578	286,823,389
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTOTHX	EDITED DENTOTHR	25.0	CHAR	131	155

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	21,791	289,533,446
-8 DK	1	2,745
-9 NOT ASCERTAINED	10	141,369
TEXT	363	4,862,237
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTOTHR	OTHER SPECIFIED DENTAL PROCEDURES	25.0	CHAR	156	180

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	21,699	288,227,399
-8 DK	1	2,745
-9 NOT ASCERTAINED	7	101,464
TEXT	458	6,208,190
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTINJ	VISIT BECAUSE OF ACCIDENT OR INJURY	2.0	NUM	181	182

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	266	3,611,676
-8 DK	5	97,921
-7 REFUSED	4	19,369
1 YES	484	6,497,214
2 NO	21,406	284,313,617
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTMED	RECEIVE MEDICINE INCLUDING FREE SAMPLE	2.0	NUM	183	184

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	299	4,044,433
-8 DK	22	280,178
-7 REFUSED	4	19,369
1 YES	1,577	20,240,456
2 NO	20,263	269,955,361
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVICD1X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	185	187

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	21,702	288,280,673
-8 DK	11	121,037
079 - V72	452	6,138,088
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVICD2X	3 DIGIT ICD-9 CONDITION CODE	3.0	CHAR	188	190

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	22,150	294,338,916
525 - 998	15	200,882
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVPRO1X	2 DIGIT ICD-9 PROCEDURE CODE	2.0	CHAR	191	192

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	22,132	294,148,636
23 - 96	33	391,162
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVPRO2X	2 DIGIT ICD-9 PROCEDURE CODE	2.0	CHAR	193	194

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	22,164	294,531,267
23	1	8,530
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVCCC1X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	195	197

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	21,702	288,280,673
-8 DK	11	121,037
007 - 257	452	6,138,088
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVCCC2X	MODIFIED CLINICAL CLASSIFICATION CODE	3.0	CHAR	198	200

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	22,150	294,338,916
136 - 239	15	200,882
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
NUMCOND	TOTAL # COND RECORDS LINKED TO THIS EVNT	1.0	NUM	201	201

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	21,674	287,951,775
1	474	6,360,290
2	16	217,551
3	1	10,182
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFDVTYPX	ED FLAT FEE STEM-LEAF INDICATOR	2.0	NUM	202	203

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	17,819	234,821,408
1 FLAT FEE STEM	1,175	16,054,706
2 FLAT FEE LEAF	3,171	43,663,684
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFDV96	# OF DN VISITS IN FLAT FFEE - 1996	2.0	NUM	204	205

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	17,819	234,821,408
1 - 17	4,346	59,718,390
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFTOT96	# VISITS IN FLAT FEE (ALL EVENTS) - 1996	2.0	NUM	206	207

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	17,819	234,821,408
1 - 17	4,346	59,718,390
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFBEF96	# VISITS IN FF (ALL EVENTS) BEFORE 1996	2.0	NUM	208	209

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	11	161,976
-8 DK	151	1,846,645
-1 INAPPLICABLE	17,819	234,821,408
0	2,758	36,780,913
1 - 99	1,426	20,928,856
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFDV97	# OF DN VISITS IN FF - 1997 THRU RD3	2.0	NUM	210	211

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	17,819	234,821,408
0	3,039	41,223,508
1 - 8	1,307	18,494,882
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFTOT97	# VISITS IN FF (ALL EVENTS)-1997 THRU R3	2.0	NUM	212	213

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	17,819	234,821,408
0	3,039	41,223,508
1 - 8	1,307	18,494,882
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVSF96X	AMOUNT PAID,FAMILY (IMPUTED)	7.2	NUM	214	220

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	10,739	140,896,475
$0.96 - $25.00	2,906	38,266,431
$25.01 - $57.00	2,861	38,166,426
$57.01 - $105.00	2,803	38,105,002
$105.01- $8100.00	2,856	39,105,463
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVMR96X	AMOUNT PAID,MEDICARE (IMPUTED)	7.2	NUM	221	227

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	22,113	293,866,462
$4.00 - $30.50	13	211,955
$30.51 - $59.00	14	178,957
$59.01 - $76.50	12	142,951
$76.51 - $2850.00	13	139,473
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVMD96X	AMOUNT PAID,MEDICAID (IMPUTED)	7.2	NUM	228	234

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	20,739	281,559,264
$0.58 - $33.64	365	3,293,835
$33.65 - $47.56	349	3,262,675
$47.57 - $80.62	356	3,307,356
$80.63 - $1972.00	356	3,116,668
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVPV96X	AMOUNT PAID,PRIVATE INSURANCE (IMPUTED)	7.2	NUM	235	241

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	12,936	167,213,131
$1.00 - $50.00	2,409	32,904,298
$50.01 - $71.00	2,212	30,237,272
$71.01 - $112.00	2,304	32,175,496
$112.01- $6421.00	2,304	32,009,601
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVVA96X	AMOUNT PAID,VETERANS (IMPUTED)	7.2	NUM	242	248

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	22,102	293,653,665
$3.50 - $30.50	16	236,299
$30.51 - $52.00	16	208,622
$52.01 - $97.00	16	219,347
$97.01 - $2240.00	15	221,864
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVCH96X	AMOUNT PAID,CHAMPUS/CHAMPVA (IMPUTED)	6.2	NUM	249	254

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	22,150	294,330,707
$10.94 - $17.50	4	83,870
$17.51 - $40.00	4	38,374
$40.01 - $65.00	5	51,937
$65.01 - $237.00	2	34,909
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVOF96X	AMOUNT PAID,OTHER FEDERAL (IMPUTED)	6.2	NUM	255	260

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	22,130	294,235,024
$5.00 - $22.00	9	95,853
$22.01 - $51.00	9	50,123
$51.01 - $68.00	10	112,016
$68.01 - $800.00	7	46,782
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVSL96X	AMOUNT PAID,STATE & LOCAL GOV (IMPUTED)	7.2	NUM	261	267

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	22,128	294,024,236
$0.22 - $40.00	10	163,108
$40.01 - $55.00	10	125,220
$55.01 - $118.00	10	160,897
$118.01- $1114.00	7	66,337
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVWC96X	AMOUNT PAID,WORKERS COMP (IMPUTED)	6.2	NUM	268	273

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	22,158	294,498,391
$9.00 - $35.00	3	18,952
$35.01 - $42.00	1	5,842
$42.01 - $200.00	3	16,612
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVOR96X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)	7.2	NUM	274	280

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	21,939	291,930,834
$5.00 - $53.00	60	805,086
$53.01 - $75.00	54	687,176
$75.01 - $136.00	58	571,267
$136.01- $2750.00	54	545,436
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVOU96X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)	7.2	NUM	281	287

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	22,142	294,415,755
$11.02 - $26.10	7	33,419
$26.11 - $53.94	5	35,114
$53.95 - $87.00	6	29,603
$87.01 - $1798.00	5	25,906
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVOT96X	AMOUNT PAID,OTHER INSURANCE (IMPUTED)	7.2	NUM	288	294

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	21,911	291,154,939
$2.00 - $46.00	64	903,485
$46.01 - $80.50	63	812,572
$80.51 - $165.00	64	896,825
$165.01- $3600.00	63	771,976
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVXP96X	SUM OF DVSF96X-DVOT96X (IMPUTED)	7.2	NUM	295	301

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	4,234	57,983,199
$1.00 - $51.00	4,557	57,458,249
$51.01 - $75.00	4,616	61,701,175
$75.01 - $125.00	4,349	58,714,732
$125.01- $8570.00	4,409	58,682,443
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVTC96X	HHLD REPORTED TOTAL CHARGE (IMPUTED)	8.2	NUM	302	309

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	3,446	47,664,611
$1.00 - $56.00	4,684	60,434,136
$56.01 - $80.00	4,900	65,330,224
$80.01 - $140.00	4,492	60,269,589
$140.01- $28000.00	4,643	60,841,238
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVSLF	IMPUTATION FLAG FOR DVSF96X	1.0	NUM	310	310

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	20,662	274,482,393
1 IMPUTED	1,503	20,057,405
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVMCR	IMPUTATION FLAG FOR DVMR96X	1.0	NUM	311	311

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	22,009	292,320,910
1 IMPUTED	156	2,218,887
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVMCD	IMPUTATION FLAG FOR DVMD96X	1.0	NUM	312	312

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	20,710	281,335,038
1 IMPUTED	1,455	13,204,760
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVPRV	IMPUTATION FLAG FOR DVPV96X	1.0	NUM	313	313

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	16,703	220,259,334
1 IMPUTED	5,462	74,280,464
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVVA	IMPUTATION FLAG FOR DVVA96X	1.0	NUM	314	314

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	21,578	286,374,770
1 IMPUTED	587	8,165,028
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVCHM	IMPUTATION FLAG FOR DVCH96X	1.0	NUM	315	315

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	22,080	293,238,805
1 IMPUTED	85	1,300,993
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVOFD	IMPUTATION FLAG FOR DVOF96X	1.0	NUM	316	316

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	22,098	293,753,957
1 IMPUTED	67	785,840
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVSTL	IMPUTATION FLAG FOR DVSL96X	1.0	NUM	317	317

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	22,094	293,695,377
1 IMPUTED	71	844,420
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVWCP	IMPUTATION FLAG FOR DVWC96X	1.0	NUM	318	318

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	22,155	294,462,573
1 IMPUTED	10	77,225
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVOPR	IMPUTATION FLAG FOR DVOR96X	1.0	NUM	319	319

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	22,030	293,082,636
1 IMPUTED	135	1,457,162
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVOPU	IMPUTATION FLAG FOR DVOU96X	1.0	NUM	320	320

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	22,142	294,415,755
1 IMPUTED	23	124,043
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVOSR	IMPUTATION FLAG FOR DVOT96X	1.0	NUM	321	321

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	21,886	291,153,780
1 IMPUTED	279	3,386,018
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPDVCHG	IMPUTATION STATUS OF DVTC96X	1.0	NUM	322	322

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0 UNIMPUTED	15,186	201,584,889
1 IMPUTED	6,979	92,954,909
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
WTDPER96	POVERTY/MORTALITY ADJ PERS WEIGHT, 1996	12.6	NUM	323	334

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	299	0
993.99 - 64,841.14	21,866	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARPSU96	VARIANCE ESTIMATION PSU,1996	2.0	NUM	335	336

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 - 45	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARSTR96	VARIANCE ESTIMATION STRATUM,1996	3.0	NUM	337	339

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 - 140	22,165	294,539,798
TOTAL	22,165	294,539,798

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
70	75	DVCH96H	HHLD RPTD AMTPD,CHMP/CHMPVA(PRE-IMPUTED)
53	57	DVMD96H	HHLD RPTD AMT PD,MEDICAID(PRE-IMPUTED)
47	52	DVMR96H	HHLD RPTD AMT PD,MEDICARE(PRE-IMPUTED)
76	81	DVOF96H	HHLD RPTD AMT PD,OTHER FED(PRE-IMPUTED)
94	100	DVOT96H	HHLD RPTD AMT PD,OTH INSUR(PRE-IMPUTED)
58	64	DVPV96H	HHLD RPTD AMT PD,PRIV INS(PRE-IMPUTED)
40	46	DVSF96H	HHLD RPTD AMT PD,FAMILY(PRE-IMPUTED)
82	88	DVSL96H	HHLD RPTD AMT PD,STATE & LOC(PRE-IMPUTD)
107	114	DVTC96H	HHLD REPORTED TOTAL CHARGE(PRE-IMPUTED)
101	106	DVUC96H	HHLD RPTD AMT PD,UNCOL LIAB(PRE-IMPUTED)
65	69	DVVA96H	HHLD RPTD AMT PD,VETERANS(PRE-IMPUTED)
89	93	DVWC96H	HHLD RPTD AMT PD,WORK COMP(PRE-IMPUTED)
17	28	EVNTIDX	EVENT ID
29	39	HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
6	8	PID	PERSON NUMBER
127	128	VARPSU96	VARIANCE ESTIMATION PSU,1996
129	131	VARSTR96	VARIANCE ESTIMATION STRATUM,1996
115	126	WTDPER96	POVERTY/MORTALITY ADJ PERS WEIGHT, 1996

```
                       MEPS HC-010B
                     1996 DENTAL VISITS
                         FILE 2

                   DATE:    April 28, 2000


       ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

          -----POSITIONAL LISTING OF VARIABLES-----


     START      END    NAME       DESCRIPTION
        1        5    DUID        DWELLING UNIT ID
        6        8    PID         PERSON NUMBER
        9       16    DUPERSID    PERSON ID (DUID+PID)
       17       28    EVNTIDX     EVENT ID
       29       39    HHSFFIDX    HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
       40       46    DVSF96H     HHLD RPTD AMT PD,FAMILY(PRE-IMPUTED)
       47       52    DVMR96H     HHLD RPTD AMT PD,MEDICARE(PRE-IMPUTED)
       53       57    DVMD96H     HHLD RPTD AMT PD,MEDICAID(PRE-IMPUTED)
       58       64    DVPV96H     HHLD RPTD AMT PD,PRIV INS(PRE-IMPUTED)
       65       69    DVVA96H     HHLD RPTD AMT PD,VETERANS(PRE-IMPUTED)
       70       75    DVCH96H     HHLD RPTD AMTPD,CHMP/CHMPVA(PRE-IMPUTED)
       76       81    DVOF96H     HHLD RPTD AMT PD,OTHER FED(PRE-IMPUTED)
       82       88    DVSL96H     HHLD RPTD AMT PD,STATE & LOC(PRE-IMPUTD)
       89       93    DVWC96H     HHLD RPTD AMT PD,WORK COMP(PRE-IMPUTED)
       94      100    DVOT96H     HHLD RPTD AMT PD,OTH INSUR(PRE-IMPUTED)
      101      106    DVUC96H     HHLD RPTD AMT PD,UNCOL LIAB(PRE-IMPUTED)
      107      114    DVTC96H     HHLD REPORTED TOTAL CHARGE(PRE-IMPUTED)
      115      126    WTDPER96    POVERTY/MORTALITY ADJ PERS WEIGHT, 1996
      127      128    VARPSU96    VARIANCE ESTIMATION PSU,1996
      129      131    VARSTR96    VARIANCE ESTIMATION STRATUM,1996
```

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PID	PERSON NUMBER	3.0	NUM	6	8

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EVNTIDX	EVENT ID	12.0	CHAR	17	28

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
VALID ID	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)	11.0	CHAR	29	39

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-1 INAPPLICABLE	17,683	232,801,555
VALID ID	4,482	61,738,243
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVSF96H	HHLD RPTD AMT PD,FAMILY(PRE-IMPUTED)	7.2	NUM	40	46

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,561	20,511,117
0	10,641	140,000,083
$1.00 - $8,100.00	9,963	134,028,597
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVMR96H	HHLD RPTD AMT PD,MEDICARE(PRE-IMPUTED)	6.2	NUM	47	52

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	181	2,524,763
0	21,971	291,833,398
$15.00 - $335.00	13	181,637
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVMD96H	HHLD RPTD AMT PD,MEDICAID(PRE-IMPUTED)	5.2	NUM	53	57

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1,483	13,378,570
0	20,682	281,161,228
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVPV96H	HHLD RPTD AMT PD,PRIV INS(PRE-IMPUTED)	7.2	NUM	58	64

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	5,879	79,375,335
0	11,806	152,555,468
$1.00 - $3,027.00	4,480	62,608,995
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVVA96H	HHLD RPTD AMT PD,VETERANS(PRE-IMPUTED)	5.2	NUM	65	69

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	671	9,343,016
0	21,494	285,196,782
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVCH96H	HHLD RPTD AMTPD,CHMP/CHMPVA(PRE-IMPUTED)	6.2	NUM	70	75

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	104	1,570,640
0	22,058	292,936,592
$40.00 - $100.00	3	32,566
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVOF96H	HHLD RPTD AMT PD,OTHER FED(PRE-IMPUTED)	6.2	NUM	76	81

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	71	819,719
0	22,092	293,680,795
$52.00 - $110.00	2	39,283
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVSL96H	HHLD RPTD AMT PD,STATE & LOC(PRE-IMPUTD)	7.2	NUM	82	88

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	101	1,069,161
0	22,046	293,239,717
$22.00 - $1,114.00	18	230,920
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVWC96H	HHLD RPTD AMT PD,WORK COMP(PRE-IMPUTED)	5.2	NUM	89	93

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	10	77,225
0	22,154	294,457,645
$53.00	1	4,928
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVOT96H	HHLD RPTD AMT PD,OTH INSUR(PRE-IMPUTED)	7.2	NUM	94	100

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	283	3,421,454
0	21,774	289,429,495
$6.00 - $3,600.00	108	1,688,849
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVUC96H	HHLD RPTD AMT PD,UNCOL LIAB(PRE-IMPUTED)	6.2	NUM	101	106

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	1	17,339
-8 DK	2	30,736
0	22,153	294,350,720
$3.00 - $212.00	9	141,003
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DVTC96H	HHLD REPORTED TOTAL CHARGE(PRE-IMPUTED)	8.2	NUM	107	114

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
-9 NOT ASCERTAINED	8,225	103,320,927
0	3,598	49,844,987
$1.00 - $28,000.00	10,342	141,373,884
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
WTDPER96	POVERTY/MORTALITY ADJ PERS WEIGHT, 1996	12.6	NUM	115	126

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
0	299	0
993.99 - 64,841.14	21,866	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARPSU96	VARIANCE ESTIMATION PSU,1996	2.0	NUM	127	128

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 - 45	22,165	294,539,798
TOTAL	22,165	294,539,798

NAME	DESCRIPTION	FORMAT	TYPE	START	END
VARSTR96	VARIANCE ESTIMATION STRATUM,1996	3.0	NUM	129	131

VALUE	UNWEIGHTED	WEIGHTED BY WTDPER96
1 - 140	22,165	294,539,798
TOTAL	22,165	294,539,798

E. Variable-Source Crosswalk

E. VARIABLE-SOURCE CROSSWALK
MEPS HC010B: 1996 DENTAL VISITS

File 1:

Survey Administration Variables

Variable	Description	Source
DUID	Dwelling unit ID	Assigned in sampling
PID	Person number	Assigned in sampling
DUPERSID	Sample person ID (DUID + PID)	Assigned in sampling
EVENTIDX	Event ID	Assigned in Sampling
EVENTRN	Event round number	CAPI derived
FFID11X	Flat fee ID	Constructed

Dental Events Variables

Variable	Description	Source
DVDATEYR	Event start date – year	CAPI derived
DVDATEMM	Event start date – month	CAPI derived
DVDATEDD	Event start date – day	CAPI derived
GENDENT	General dentist seen	DN03
DENTHYG	Dental hygienist seen	DN03
DENTTECH	Dental technician seen	DN03
DENTSURG	Dental surgeon seen	DN03
ORTHODNT	Orthodontist seen	DN03
ENDODENT	Endodontist seen	DN03
PERIODNT	Periodontist seen	DN03
DENTYPE	Other dental specialist seen	DN03
EXAMINEX	Edited EXAMINE	DN04 (Edited)
EXAMINE	General exam or consultation	DN04
CLENTETX	Edited CLENTETH	DN04 (Edited)
CLENTETH	Cleaning, prophylaxis, or polishing	DN04
JUSTXRAY	X-rays, radiographs or bitewings	DN04

FLUORIDE	Fluoride treatment	DN04
SEALANT	Sealant application	DN04
FILLINGX	Edited FILLING	DN04 (Edited)
FILLING	Fillings	DN04
INLAY	Inlays	DN04
CROWNSX	Edited CROWNS	DN04 (Edited)
CROWNS	Crowns or caps	DN04
ROOTCANX	Edited ROOTCANL	DN04 (Edited)
ROOTCANL	Root canal	DN04
GUMSURGX	Edited GUMSURG	DN04 (Edited)
GUMSURG	Perdtl scaling/root planing or gum	DN04
RECLVISX	Edited RECLIVIS	DN04 (Edited)
RECLIVIS	Periodontal recall visit	DN04
EXTRACT	Extraction, tooth pulled	DN04
IMPLANT	Implants	DN04
ABSCESS	Abscess or infection treatment	DN04
ORALSURG	Oral surgery	DN04
BRIDGESX	Edited BRIDGES	DN04 (Edited)
BRIDGES	Bridges	DN04
DENTUREX	Edited DENTURES	DN04 (Edited)
DENTURES	Dentures or partial dentures	DN04
REPAIR	Repair bridges/dentures or relining	DN04
ORTHDONX	Edited ORTHDONT	DN04 (Edited)
ORTHDONT	Orthodontia, braces or retainers	DN04
WHITEN	Bonding, whitening or bleaching	DN04
TMDTMJ	Treatment for TMD or TMJ	DN04
DENTPROX	Edited DENTPOC	DN04OV
DENTPROC	Other dental procedures	DN04OV
DENTOTHX	Edited DENTOTHR	DN04 (Edited)
DENTOTHR	Other specify dental procedures	DN04
DENTINJ	Visit because of accident or injury	DN01
DENTMED	Receive medicine including free sample	DN05
DVICD1X	3 digit ICD-9 condition code	DN02 (Edited)

DVICD2X	3 digit ICD-9 condition code	DN02 (Edited)
DVPRO1X	2 digit ICD-9 procedure code	DN02 (Edited)
DVPRO2X	2 digit ICD-9 procedure code	DN02 (Edited)
DVCCC1X	Modified Clinical Classification Code	Constructed/Edited
DVCCC2X	Modified Clinical Classification Code	Constructed/Edited
NUMCOND	Total number condition records linked to this event.	Constructed

Expenditure Variables

Variable	Description	Source
FFDVTYPX	Edited flat fee group (stem or leaf)	Constructed
FFDV96	Edited total # dental visits in FF in 1996	FF02
FFTOT96	Total # visits (pure/mixed) in flat fee for 1996	FF02
FFBEF96	Number dental visits in flat fee before 1996	FF05
FFDV97	Number dental visits in flat fee: Rd3, 1997	FF10
FFTOT97	Number visits (pure/mixed)in flat fee: Rd3,1997	FF10
DVSF96X	Amount paid, family (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVMR96X	Amount paid, Medicare (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVMD96X	Amount paid, Medicaid (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVPV96X	Amount paid, private insurance (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVVA96X	Amount paid, Veterans (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVCH96X	Amount paid, CHAMPUS/CHAMPVA (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVOF96X	Amount paid, other federal (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVSL96X	Amount paid, state and local gov't (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVWC96X	Amount paid, worker's comp (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVOR96X	Amount paid, other private (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVOU96X	Amount paid, other public (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVOT96X	Amount paid, other insurance (Imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVXP96X	Sum of DVSF96X – DVOT96X (Imputed)	Constructed

DVTC96X	Household reported total charge (Imputed)	CP09A,CP09OV (Edited)
IMPDVSLF	Imputation flag for DVSF96X	Constructed
IMPDVMCR	Imputation flag for DVMR96X	Constructed
IMPDVMCD	Imputation flag for DVMD96X	Constructed
IMPDVPRV	Imputation flag for DVPV96X	Constructed
IMPDVVA	Imputation flag for DVVA96X	Constructed
IMPDVCHM	Imputation flag for DVCH96X	Constructed
IMPDVOFD	Imputation flag for DVOF96X	Constructed
IMPDVSTL	Imputation flag for DVSL96X	Constructed
IMPDVWCP	Imputation flag for DVWC96X	Constructed
IMPDVOPR	Imputation flag for DVOR96X	Constructed
IMPDVOPU	Imputation flag for DVOU96X	Constructed
IMPDVOSR	Imputation flag for DVOT96X	Constructed
IMPDVCHG	Imputation flag for DVTC96X	Constructed

Weights

Variable	Description	Source
WTDPER96	Poverty/mortality adjusted person weight, 1996	Constructed
VARPSU96	Variance estimation PSU,1996	Constructed
VARSTR96	Variance estimation stratum, 1996	Constructed

File 2:

Survey Administration Variables

Variable	Description	Source
DUID	Dwelling unit ID	Assigned in sampling
PID	Person number	Assigned in sampling
DUPERSID	Sample person ID (DUID + PID)	Assigned in sampling
EVNTIDX	Event ID	Assigned in Sampling
HHSFFIDX	Household reported flat fee ID	Constructed

Pre-imputed Expenditure Variables

Variable	Description	Source
DVSF96H	Household reported amt. paid, family (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVMR96H	Household reported amt. paid, Medicare (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVMD96H	Household reported amt. paid, Medicaid (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVPV96H	Household reported amt. paid, private insurance (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVVA96H	Household reported amt. paid, Veterans (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVCH96H	Household reported amt. paid, CHAMPUS/CHAMPVA (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVOF96H	Household reported amt. paid, other federal (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVSL96H	Household reported amt paid, state and local gov't (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVWC96H	Household reported amt paid, worker's comp (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVOT96H	Household reported amt paid, other insurance (Pre-imputed)	CP07,CP09A, CP11-CP34OV2 (Edited)
DVTC96H	Household reported total charge (Pre-imputed)	CP09A,CP09OV (Edited)

Weights

Variable	Description	Source
WTDPER96	Poverty/mortality adjusted person weight, 1996	Constructed
VARPSU96	Variance estimation PSU,1996	Constructed
VARSTR96	Variance estimation stratum, 1996	Constructed